

Agreement and Evidence of Funding

1.) Name: _____ Male _____ Female _____
(print) Family(Last) First Middle

2) Period for which funding is guaranteed _____ to _____ (mm/dd/yy)

3) Visiting Scientist's specialized field _____

4) Proposed title and brief description of scientific activity at the Plant Pest Diagnostics Center

5) Highest Academic Degree _____

6) Indicate total guaranteed financial support for the entire period specified in #2. Attach documentation for items #a-d.

a) Visiting Scientist's Government \$ _____

b) Visiting Scientist's Employer \$ _____

c) Personal Funds \$ _____

d) Other Sources of Funds \$ _____

Specify Agency or Organization: _____

TOTAL: \$ _____

7) Agreement

The Visiting Scientist (Scientist) and the California Department of Food and Agriculture (Department) agree as follows:

a. Scientist (and any accompanying dependents) must have adequate financial support for the duration of the visit period (item #2 above) which is commensurate with the proposed activity (item #4 above).

b. Scientist is aware of the accident and health insurance requirements set forth in the attached Health Insurance Agreement. Scientist understands and agrees that he/she is responsible for payment of insurance premiums as well as any and all medical expenses for Scientist and/or dependents.

c. Scientist agrees to indemnify and hold harmless the Department and the State of California from any and all liability in any way arising from, related to, or associated with this Agreement, including but not limited to any personal injury and/or property damage sustained during the term of this Agreement by Scientist and/or any dependents.

d. Scientist must have adequate English language proficiency to undertake the proposed activity.

e. Department will provide such orientation sessions, office/lab space, equipment, computer/e-mail account access, clerical support, and other staff support as it deems appropriate at Department's Plant Pest Diagnostics Center (Center).

f. Center will provide information regarding transportation after arrival in Sacramento, California, housing arrangements and other pertinent information. However, all final arrangements are the responsibility of Scientist.

g. Scientist will engage only in scientific activities consistent with the intended program (item #4 above).

h. Scientist certifies that the information provided above is true and correct. Scientist understands that Department, in entering into this Agreement, is relying, in part, on the information on this page and in the attached Health Insurance Agreement.

Signature _____
Visiting Scientist

Date _____
(month/day/year)

Signature _____
Dennis E. Mayhew, Ph.D., Branch Chief
Plant Pest Diagnostics Branch
California Department of Food and Agriculture

Date _____
(month/day/year)